

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/673341	FILING DATE				
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1		1		1		51				
2		1		1		1	52				
3		2		1		1	53				
4		2		1		1	54				
5		①		1		1	55				
6		①		1		1	56				
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42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.			1		1		TOTAL IND.				
TOTAL DEP.				5		6	TOTAL DEP.				
TOTAL CLAIMS			1	5	1	6	TOTAL CLAIMS				